

Atty. Dkt. No. 071949-1328

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Kenneth F. Buechler
Title: DIAGNOSTIC DEVICES
AND APPARATUS FOR
THE CONTROLLED
MOVEMENT OF
REAGENTS WITHOUT
MEMBRANES
Appl. No.: 10/697,351
Appl. Filing Date: 10/29/2003
Examiner: Alexander, Lyle
Art Unit: 1743

CERTIFICATE OF FACSIMILE TRANSMISSION I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office, Alexandria, Virginia on the date below. Vanessa E. Agha (Printed Name) <i>Vanessa E. Agha</i> (Signature) January 27, 2006 (Date of Deposit)
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REQUEST FOR CONTINUED EXAMINATION (RCE)
TRANSMITTAL

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. This RCE and the enclosed items listed below are being filed prior to the earliest of: (1) payment of the issue fee (unless a petition under 37 C.F.R. § 1.313 is granted); (2) abandonment of the application; or (3) the filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. §141, or the commencement of a civil action under 35 U.S.C. §145 or §146 (unless the appeal or civil action is terminated).

1. Submission required under 37 C.F.R. §1.114: (check items that apply)**a. Previously submitted:**

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- ☐ Please enter and consider the amendment and/or reply previously filed on ____.
- ☐ Please consider the Affidavit(s)/Declaration(s) previously filed on ____ but not considered.
- ☐ Please consider the arguments in the Appeal Brief or Reply previously filed on ____.
- ☐ Other ____.
- b. Enclosed are:
- ☒ Amendment/Reply (10 pages).
- ☐ Affidavit(s)/Declaration(s).
- ☐ Information Disclosure Statement.
- ☐ Form PTO-1449 with copies of ____ listed reference(s).
- ☐ Other .

Miscellaneous:

- ☐ Suspension of action of the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of ____ months.

The filing fee is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Fee Totals
RCE Fee 1.17(e):				\$790.00	= \$790.00
Total Claims:	15	- 20	= 0	x \$50.00	= \$0.00
Independents	1	- 1	= 0	x \$200.00	= \$0.00
First presentation of any Multiple Dependent Claims:				+ \$360.00	= \$0.00
CLAIMS FEE TOTAL:					= \$790.00

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- ☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/> Extension for response filed within the first month:	\$120.00	0	\$0.00
<input type="checkbox"/> Extension for response filed within the second month:	\$450.00		\$0.00
<input type="checkbox"/> Extension for response filed within the third month:	\$1,020.00		\$0.00
<input type="checkbox"/> Extension for response filed within the fourth month:	\$1,590.00		\$0.00
<input type="checkbox"/> Extension for response filed within the fifth month:	\$2,160.00		\$0.00
EXTENSION FEE SUBTOTAL:			\$0.00
EXTENSION FEE ALREADY PAID: -			\$0.00
EXTENSION FEE TOTAL			\$0.00
CLAIMS AND EXTENSION FEE TOTAL:			\$790.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):			\$0.00
<input type="checkbox"/> Suspension of action requested under 37 C.F.R. § 1.103(c)			\$0.00
TOTAL FEE:			\$790.00

☒ Please charge Deposit Account No. 50-0872 in the amount of \$790.00. A duplicate copy of this transmittal is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

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Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 01/27/2006By Barry Wilson

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